

Midland Region Alcohol & Drug Clinical Qualifications Guidelines



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- Matua Raki
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- Abacus
- Te Rau Matatini

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1. Executive Summary

Midland District Health Boards (DHBs) have recognised the need for consistency in the definition of clinical qualifications and competency in the addictions workforce. With on-going national discussions between the Ministry of Health (MoH), Addiction and Other Drugs (AOD) services, professional bodies, training providers and current legislation, on the accepted qualifications, skills and competence for AOD services, Midland has sought a review of the current situation to provide a clear pathway to accepted AOD skills and qualifications for use in determining clinical competence for service specifications.

Qualifications in themselves do not guarantee competence or skill; they merely confirm a level of knowledge and presumed competence in the application of that knowledge. Conversely, a high degree of competency that constitutes effective performance in a defined role is marked by knowledge, attitudes and skills.¹

Any list of qualifications, skills and competencies will need to meet the needs of an evolving workforce and be able to address co-existing problems, such as mental health and AOD problems, while also being oriented towards the best practice outcomes in emerging environments, such as Whanau Ora for example.

While a pathway of qualifications, skills and competency is recommended for the Midland region, based on the best information available at this time, these will still be captured in the on-going national debate. This document seeks to reconcile the existing options to define a list of qualifications and competencies and formulate a framework based on current best practice, to inform AOD service contracts in Midland. A qualification/registration requirement clause has been drafted to be included in future funding contracts.

Any definition will always be constrained and may be impacted by changes occurring nationally particularly within MoH and national workforce centres.²

¹ Ministry of Health National Screening Unit 2004.

² Midland DHBs Addiction Qualification Project Scope, Aug 2010, pp7

2. Introduction

The national AOD workforce leadership has been working for the past five years to provide clarity of qualifications and competence to providers and practitioners alike, with no clear resolution. There are currently mixed options for clinical and cultural competence within the AOD workforce. The current dilemma for Midland is to assure clarity in the recommended qualifications framework for clinical competence in AOD, thus informing clear service specifications for the employment of appropriately qualified and recognised clinical practitioners in AOD services throughout the Midland region.

As evidenced in existing literature, similar work has been developed with a focus on scopes of practice for AOD practitioners³. An established AOD qualification pathway would not only benefit potential employers with a framework to identify levels of competency and clinical aptitude, it would also indicate a scope of practice for both employers and employees.

National mental health and AOD service specifications refer to 'multidisciplinary teams of practitioners' skilled and experienced in AOD interventions, treatment and support, who belong to one of three categories:

1. Health professionals regulated by HPCA Act⁴
2. Practitioners registered with and regulated by Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ)⁵
 - a. Registered Competency Practitioner
 - b. Associated AOD Practitioners
 - c. AOD Support workers
3. People who interact with service users, who have no regulatory requirements under current legislation

This three tier service specification allows 'clinical units' to be purchased as nursing and allied health professionals, with no requirement for specialist AOD competency, skill or experience.

Correspondence with DAPAANZ regarding concerns over the DHBs interpretation and application of the HPCA Act for the AOD workforce, Health Workforce NZ (HWNZ) confirmed that there is "no legal requirement for AOD workers to be regulated under the HPCA Act"⁶.

So the questions remain:

- What are the relevant qualifications for AOD clinical competence, under allied health criteria?
- Which qualifications are acceptable and which are not?
- What relevance does cultural competence have in AOD and how is it determined and recognised?

³ NDSA, AOD Workforce Development: AOD Practitioner Scoping project, May 2006, pp1

⁴ HPCA Act, Health Practitioners Competencies

⁵ DAPAANZ; Drug and Alcohol Practitioners Association Aotearoa NZ, www.dapaanz.org.nz

⁶ Health Workforce NZ correspondence to Ian Mac Ewan, DAPAANZ, 17 Feb, 2011, re HPCA Act

3. Purpose

This project responds to Midland DHBs desire to reach an alignment between nationally accepted best practice, qualifications, competencies, remuneration and AOD service contracts in the Midland region. The project will result in the following:

1. A recommended list of qualifications, competencies and/or regulation by accepted professional bodies that service providers and staff employed in clinical AOD services must have, to meet the requirements of clinical and cultural competence, within the Midland Region.
2. A clear, concise clause regarding qualifications, competence and/or regulated membership of professional bodies, to be included in AOD service agreements as part of the provider specifications.
3. A discussion paper with qualification pathways for approval by the Midland DHBs GMs Planning and Funding and Māori Health.

4. Background

The National Mental Health and Alcohol & Drug (AOD) service specifications allow for the specific purchase of Senior medical staff, Junior medical staff, Nursing, Allied health staff and Non-clinical staff. For community based AOD positions the service specifications state that they are to be filled by a multi-disciplinary team of people with skills and experience in alcohol and other drug interventions, treatment and support. The three tier service specifications allow clinical purchase units to be provided by nursing and allied health staff.

There is also no clear recognition which (if any) Māori qualifications may be accepted as clinical AOD. Given the new qualifications that are emerging in the sector it is important to understand how these relate to clinical AOD.

As services are purchased by Full Time Equivalent (FTE) type; Planning and Funding will need to determine contract requirements for clinical and non clinical FTE's. The type of FTE purchased defines the level of funding provided.

The AOD workforce is evolving. Nationally, steps to improve the training and professionalism of the AOD sector workforce have been undertaken. Over the past three years training courses specific to the treatment of AOD issues have been developed. Under-graduate AOD courses to Bachelors level are available from institutions such as Weltec and AUT. Post-graduate AOD courses are available from Otago, Auckland and Massey Universities. There are also a number of non AOD counselling qualifications and Kaupapa Māori qualifications. Additionally, cultural competencies have recently been developed specific to working with Maori and Pacific people with addictions issues. Competency based courses are listed with DAPAANZ. ([Refer Appendix 4](#))

Midland DHBs have provided clarity to Providers within their respective district as to the accepted qualifications for clinical AOD services, however the local requirements are not

consistent across all DHBs within the region.

Issues arise where organisations have agreements for AOD services with DHBs that have different criteria for clinical positions. In addition recruitment may also be problematic for providers that have an agreement with a particular DHB for services across other DHBs boundaries. Staff employed in clinical positions with local providers may not meet the clinical requirements in a service that has an agreement held by another DHB.

A review of existing qualification pathways and core competencies in the AOD field was undertaken to establish a minimum level of qualifications and define requirements of clinical status among AOD workers in the Midland region. National literature on AOD qualification pathways and scopes of practice was researched to inform the review and develop a hierarchy of qualifications.

Existing frameworks from New Zealand were also reviewed to determine whether they were an adequate measure of minimum qualification standards and competency, including existing minimum core competencies and expectations as widely accepted in the AOD field.

They include:

- DAPAANZ
- Let's Get Real –Real Skills
- Addiction Competency Framework (2011)

There has also been significant progress to provide a national framework of service specifications on cultural competence for working with Māori and Pacific in AOD and mental health. Te Rau Matatini, Matua Raki and Le Va, and national mental health and addiction workforce groups, have led the development of cultural competencies, while working alongside providers and other national groups.

The new Addiction Competency Framework⁷: *A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention* has recently been released for use within the sector.

Further to this a draft Addiction Specialty Nursing Knowledge and Skills Competency Framework⁸ has been developed in conjunction with a National Nursing Reference Group and the Drug and Alcohol Nurses of Australasia (DANA) Standards and Competencies Expert Reference Group, in response to a need identified by nurses working in the addiction treatment sector.

5. Responsible Authorities

In developing national AOD standards and competency, work has been progressing between MoH and other responsible authorities which have an inherent interest in defining workforce competencies, skills and qualifications.

⁷ Addiction Competency Framework⁷: *A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention* DAPAANZ Wellington 2011

⁸ Draft Addiction Specialty Nursing Knowledge and Skills Competency Framework⁸ Deering, D. Matua Raki 2011

Responsible authorities perform a range of functions. These include:

- Prescribe qualifications required for the profession's scopes of practice, accrediting and monitoring educational institutions that teach and award/confer these qualifications
- Consider applications for annual practising certificates
- Review and promoting the competence of health practitioners
- Recognise, accrediting and setting programmes to ensure the on-going competence of health practitioners
- Receive and acting on information from concerned parties about the competence of health practitioners, and in turn notifying the relevant authorities if a health practitioner poses a risk of harm to the public
- Consider the case of a practitioner who may be unable to perform the functions required for the practice of the profession
- Set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners
- Promoting education and training within the profession.

6. DAPAANZ

As the national Drug and Alcohol Practitioners Association, DAPAANZ has a strong influence ensuring there is a competent workforce to work in AOD. DAPAANZ has worked hard as a national body to provide clarity on AOD competence, in the provision of education and training to the AOD workforce. DAPAANZ has also recognised that a professional body can regulate workforce requirements and competence in the field. DAPAANZ registration is a key indication of demonstrated competence, but is not a stand alone requirement.

Registration and endorsement processes have been implemented by DAPAANZ to develop professional standards and levels of training and education for the addiction treatment workforce. See www.dapaanz.org.nz

DAPAANZ registration criteria is based on the needs of providers and funders, and modelled on national and international standards of best and ethical practice. The criteria is in line with current knowledge and skill levels while keeping up with future developments of the field. The evolving nature of the field is problematic to a definitive list of qualifications and competency requirements.

DAPAANZ lists thirteen competencies expected of an AOD worker seeking compliance “to practise independently, or while part of a team and/or within a supervision structure”. They include the following:

Four foundation competencies, based on demonstrated knowledge of:

- Te Tiriti o Waitangi
- Working with Pacific Peoples
- Working with people from other cultures
- Social justice

These provide the foundation for all AOD practice, and are essential to the thirteen competencies. Aspects of the foundation competencies may also be found in the codes of ethics of other professions.

Three generic competencies

- Relating and communicating effectively with clients and colleagues
- Thinking critically
- Maintaining professional responsibility

These are tailored to AOD work but are also common to other human services and synergize with the other competencies. Administration and record keeping fall under communication.

Six vocational competencies

- Assessment and intervention planning
- Intervention management
- Working with therapeutic groups, families and significant networks
- Working with communities
- Public education
- Consultation and liaison to assist other professionals to deal with alcohol and drug problems.

DAPAANZ expectations of a Practitioner

DAPAANZ has provided comprehensive information for the AOD workforce on training, skills and best practice.

- Practice independently and apply skills in a complex, variable and specialised range of contexts
- Understand, and have their practice reflect issues of social equity
- Analyse, apply, evaluate and transform information for a wide range of activities, including the assessment of treatment needs and the formulation of treatment responses
- Formulate and manage appropriate treatment processes
- Plan, resource and manage processes
- Work competently within broad parameters
- Be accountable for determining, achieving, and evaluating outcomes
- Undertake basic research and be able to incorporate their findings competently and appropriately into assessment and intervention planning

For a full list of DAPAANZ requirements, refer to DAPAANZ Practitioner Registration, Associate Practitioner Endorsement and AOD Support Worker Criteria at www.dapaanz.co.nz.

7. Lets Get Real – Real Skills⁹

“Let’s Get Real” is not a competency framework but describes the knowledge, skills, values and attitudes required for delivering effective mental health and addiction services. The seven Real Skills of Let’s Get Real identify a number of performance indicators that describe the practice of each of the Real Skills. The Ministry of Health has mandated *Let’s get real* and the seven Real Skills as the foundation framework to support the delivery of mental health and addiction services.

The development of *Let’s get real* and the [seven Real Skills](#) drew on all of the current and emerging competency frameworks for mental health and addiction services in New Zealand, including the following.

- [Recovery Competencies for New Zealand Mental Health Workers](#) (Mental Health Commission 2001).
- Competencies developed for professionals regulated by the Health Practitioners Competence Assurance Act 2003.
- [Social Work Registration Act 2003](#).
- Te Ao Maramatanga (New Zealand College of Mental Health Nurses) [standards of practice for mental health nursing](#).
- Mental health frameworks for particular professional groups.
- [Drug and Alcohol Practitioners' Association Aotearoa New Zealand](#) (DAPAANZ) practitioner competencies for alcohol and other drug workers. DAPAANZ recognises the use of the *Let’s get real* learning modules as part of their [continuing education programme](#) for registered drug and alcohol practitioners. Completion of any of the [seven Real Skills](#) learning modules as part of professional development can earn 10 points.
- [Midland Region Mental Health Network’s](#) common capabilities project.

In addition, [Te Rau Matatini](#) and [Matua Raki](#) drew on their involvement in, and knowledge of, developing Māori competency frameworks to develop what was initially known as the focusing on Māori Real Skill and is now called the working with Māori Real Skill.

Demonstrating familiarity and being able to apply Let’s Get Real’s Seven Real Skills is a good measure of attitude and skill for addiction treatment service workers. Each skill should not be considered independently. A competent AOD practitioner should recognize and apply the skills conjunctively and appropriately. Let’s Get Real provides a foundational framework for existing professional competencies e.g. addiction and other specialist frameworks, including the framework promoted as part of the Co-existing problems (CEP) project.

Real Skills plus series

The Real Skills of *Let’s get real* are complemented by specialist skill sets, known as the Real Skills plus series, which are aimed at people working in specialist areas. These skill sets are part of the overarching mental health and addiction competency framework.

[Real Skills plus Seitapu: Engaging Pasifika](#) is a Pacific cultural competency framework and applied training package developed by Le Va. It targets the mainstream health workforce to support better engagement with Pacific service users and their families.

⁹Let’s Get Real: Real Skills for people working in mental health and addiction, MOH, 2008.

Real Skills plus CAMHS – infant, child and adolescent mental health and alcohol and other drug sector (ICAMH/AOD) competencies aimed at practitioners working in ICAMH/AOD services. These have been developed by The Werry Centre for Child and Adolescent Mental Health Workforce Development (2008).

Providers of addiction education and training and DAPAANZ have all looked at their frameworks and curricula and aligned those with Let's Get Real - Real skills. At a high level, service providers could say that those in their workforce who have undertaken AOD or Problem Gambling (PG) courses from Weltec, or a university, have met the expectations of Real Skills.

Let's get real and the seven Real Skills is the foundation framework to support the delivery of mental health and addiction services and is therefore recommended as a requirement of the Midland AOD Qualification framework.

8. Health Professionals Competence Assurance Act, 2003

The HPCA Act protects the health and safety of the public by coordinating with responsible authorities who ensure all health practitioners registered with them are fully competent in the practice of their profession. However, it also created pressure to define the place of those who currently do not fit within its auspices and to redefine the relationship between and within health professionals, their scope of practice and the associated levels of remuneration.¹⁰

The HPCA Act ensures that:

- Only health practitioners who are registered under the new Act will be able to use the titles protected by the HPCA Act or claim to be practising in a profession that is regulated by the HPCA Act
- Registered health practitioners will only be permitted to practice within their scopes of practice
- Registration authorities will be required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate
- Certain activities will be restricted and will only be performed by registered health practitioners.

Every health practitioner who practises in a regulated profession in New Zealand must be registered with the relevant responsible authority and hold an Annual Practising Certificate (APC) issued by that authority. Additionally, the HPCA Act specifically bars any individual from claiming to be a practitioner of a regulated profession, or in any way imply that they practise, or are willing to practise in a regulated profession, unless they are appropriately qualified, registered with the relevant authority, and hold an Annual Practising Certificate.

Under the HPCA Act, registered health practitioners such as general nurses, occupational health nurses, mental health nurses, psychologists, psychotherapists, occupational

¹⁰ WDHB CADS Discussion Paper, cited in AOD Workforce Development, AOD Practitioner Scoping Report, May 2006

therapists can legally practice in AOD, on the basis of the scope of practice for their core qualification and without any specialised AOD skills or specific competence in AOD.

Not all health professions are regulated under the HPCA Act. Not being regulated under the HPCA Act does not imply that a profession lacks professional standards. There are a range of reasons why a profession may not be regulated under the HPCA Act. These reasons include:

- a low level of risk of harm
- practitioners work with, or under the supervision of a regulated profession
- employment arrangements provide an appropriate form of regulation outside the HPCA Act to minimize risk of harm to the public
- self-regulation by the profession can provide an appropriate form of regulation outside the HPCA Act

It is important to note that other forms of regulation outside the HPCA Act can also adequately address the competence and fitness to practice off a number of professions including AOD.

There have been issues relating to the interpretation of 'competence and fitness to practice' that have impacted on the AOD sector. A number of groups including DHBs have and are interpreting the HPCA to mean that all health care must be provided with direct oversight of a registered health professional.

The Mental Health Directorate (2007) provided guidance on this issue and encouraged DHBs to view AOD staff as professional and competent practitioners in their field of AOD expertise. ([Refer Appendix 5](#))

By interpreting the HPCA in the manner that some DHBs have, the Directorate pointed out that it was 'likely to result in impeding client access to services (due to increased time spent in oversight and monitoring of staff), increase in waiting lists, and reduced job satisfaction for very experienced and competent practitioners, many of whom have completed a post-graduate qualification in addictions practice'.

9. Midland Regional Network Addictions Forum Feedback

Two focus group meetings and a review meeting of the draft discussion paper were held in the region over the course of the project.

A majority of those within the focus group meetings agreed that defining clinical competence was not dissimilar across Midland and that it is a debate that continues to occur nationally. People also voiced that there was insufficient clarity in the definition for both Providers and Planners and Funders, regarding what clinical competence is and what qualifications ensure a clear definition.

Another issue was that qualifications alone do not ensure competency. Attitudes, skills and experience must also play a part in defining clinical competence.

The following questions were raised:

- Is registration with DAPAANZ the best measure of both adequate tertiary qualification and demonstration of capability, attitude, competency and skill?
- Were the existing accepted competencies outlined, including DAPAANZ's 13 competencies and Let's Get Real 7 Real Skills, an adequate measure of competency for AOD Practitioners?
- Should AOD practitioners fall under the HPCA Act?
- How do other allied health professionals fit?

Registration with DAPAANZ was identified by most people as the best possible way of easily identifying competency as an AOD practitioner. "Let's Get Real" was also mentioned as being a good guideline for competency. The question of the importance of consumer perspective (life experience) was also raised but most agreed that although important, was secondary to qualifications and demonstrated competency. Co-existing Problems (CEP) competency and training was identified as important and an ideal starting point. The Takarangi framework was recommended as an appropriate cultural competency framework for AOD practitioners. Recognition of cultural competence was deemed important for all AOD practitioners.

It was noted that those practitioners who have either HPCA registration or who are registered with a self regulated body may not necessarily have the competence to complete specialised AOD assessments (e.g. AOD Court Assessments) if they had not completed AOD specific studies. The completion of AOD specific studies and/or demonstrated AOD competencies was considered important for all practitioners working in AOD.

10. Discussions re: Requirements for Qualifications, Registrations and Competencies

The latest trends in recruitment for AOD positions

The latest trends in recruitment for AOD positions suggest a greater emphasis on clinical staff who meet HPCA requirements and less emphasis on AOD qualifications and experience.

A recent review (DAPAANZ) highlighted that the Auckland region is one of a few DHB services (covering 3 DHBs) specifically seeking AOD qualified staff. Others increasingly seek nurses and recent typical examples have advertised an AOD position for a registered nurse, "AOD experience an advantage". Two years ago, most DHBs would have advertised for a qualified AOD practitioner.

New applications to DAPAANZ over a nine month period:

	NGO's	Auckland DHBs	Other DHBs	Others, e.g. students independents	TOTAL
New DAPAANZ Membership	132	10	8	18	168
New DAPAANZ Registrations	51	7	2	1	61
New Associate Practitioner Endorsement	23	1	1	0	25
New Support Worker Endorsement	4	2	0	0	6

In 2007, an analysis of DAPAANZ membership showed 60% of the membership was employed by DHBs, 44% were employed by NGOs and 6% were students and independent practitioners. In 2011, 67% are employed by NGOs, 22% by DHBs (10.5% Auckland and 11.5% other DHBs) and 11% others. This may be partly accounted for by a growth in NGO services and by increasing membership from Maori. Almost 10%, (114) of 1032 members worked for 17 DHBs. Of the 640 DHB staff, 219 are DAPAANZ members; 109 in Auckland (out of 312 staff) and 114 in other DHBs (out of 328 staff).

This can be seen as a shift from DHB to NGO, as the prime provider of addiction treatment apart from forensic and opioid substitution. Regardless of the interpretation of this trend, the risk is the marginalisation of addiction treatment within DHBs. The driver seems to be the HPCA Act. A number of DHBs, apart from the Auckland Region, appear to have HPCA registered providers delivering a narrowing range of addiction services within mental health teams.

HPCA Act and its Interpretation for Alcohol and Other Drug (AOD) Workforce

There have been a number of interpretations of how the HPCA Act relates to the AOD workforce. In May 2007 Dr. Janice Wilson - Mental Health Directorate encouraged CEs to review how DHBs may be interpreting the HPCA across their workforce, and with a particular focus on AOD services.

An excerpt from communication dated 14 May 2007 reads: *“The (DAPAANZ) competencies include access to ongoing professional development and access to supervision. DHBs and NGOs should acknowledge DAPAANZ as having a role in setting competency guidelines for addictions practitioners. This should provide DHBs with the assurance that their addictions practitioners are working within nationally recognised competency guidelines. It may be helpful for DHBs to review membership of their addictions practitioners to DAPAANZ as a way of ensuring adherence to this competency framework.”* ([Refer Appendix 7](#))

Family / whanau feedback (Taranaki)

Taranaki DHB reported that recruitment processes for AOD positions specify an AOD qualification requirement¹¹. Family / whanau feedback¹² from the region reported that: AOD qualifications are essential in delivering quality services; building CEP capacity is essential but must not be done at the expense of specialised services for AOD; strong multi disciplinary skills are valued and specialised AOD expertise should not be watered down; clinicians with their own lived experience add value to therapeutic relationships; and continuation of fully qualified AOD staff is important to family / whanau.

Addiction Intervention Competency Framework¹³

DAPAANZ was contracted by Matua Raki, the national addiction workforce development centre, funded by the Ministry of Health to develop a new framework for Addiction Intervention competency. This framework is a new edition (2011) of the 2001 *Practitioner Competencies for Alcohol and Drug Workers in Aotearoa - NZ* published by ALAC.

While the new Addiction Competency Framework: *A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention* was published by DAPAANZ, the competencies are addiction sector competencies and for its use.

An Addiction Specialty Nursing Knowledge and Skills Competency Framework¹⁴

An Addiction Specialty Nursing Knowledge and Skills Competency Framework has been developed by Dr Daryle Deering for Matua Raki, in conjunction with a National Nursing Reference Group and the Drug and Alcohol Nurses of Australasia (DANA) Standards and Competencies Expert Reference Group, in response to a need identified by nurses working in the addiction treatment sector.

The Framework is designed to provide, in the addiction specialty context:

- Guidance on the clinical career pathway for nurses from Foundation to Advanced Specialist
- A description of the levels of practice of nurses
- Clarification of the Specialist level nursing practice for nurses, other professionals, peer support workers, consumers, consumer advisors, employers, funding and planning personnel
- Guidance for education providers in designing curricula
- Information for effective nursing workforce development
- The potential to develop a process for endorsement.

The Framework will stand alongside relevant nursing and other professional codes of ethics, legislative and policy frameworks and accepted best practice guidelines.

¹¹ Taranaki AOD Services. Judson. G

¹² Family / Whanau Feedback, Taranaki AOD Services. Philipson. S

¹³ Addiction Competency Framework: *A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention* Wellington: DAPAANZ

¹⁴ An Addiction Specialty Nursing Knowledge and Skills Competency Framework, Deering D.

AOD Competencies

Strictly speaking as a measure of competency alone, both “Let’s Get Real” 7 skills, and the Addiction Intervention competencies do not alone define whether an AOD practitioner is clinically competent. They are designed as a measure of skills within the field of AOD, yet are applicable to skills that could be utilised in a number of sectors including non AOD applications. CEP competence is integral to AOD competence and is included in the recognised competencies. As the majority of these skills are required for registration with DAPAANZ, and are considered for the purpose of this document to be important to AOD practice, it is therefore logical to assume that all practitioners working in an AOD setting will show sufficient grasp of the Addiction Intervention competencies and “Let’s Get Real” & Real Skills or in the case of nurses specialising in addictions, the Addiction Specialty Nursing Knowledge and Skills Competency framework.

11. Recommended Clinical Purchase Units

Ideally, clarity as to the qualifications and/or competencies for people employed in clinical positions should come from a national level and be incorporated into national service specifications.¹⁵ As these clinical positions are purchased by FTE types, the Midland Planners and Funders require clear information on the clinical status of an AOD practitioner.

The three tier service specification allows ‘clinical units’ to be purchased as nursing and allied health professionals.

Nursing

The nursing profession is regulated by the Nursing Council under the HPCA Act 2003. Registered nurses meet the ‘clinical purchase unit’ criteria as per the 3 tier specifications. It is recommended that nurses who work in AOD, demonstrate Addiction Specialty Nursing Knowledge and Skills Competency.

Allied Health Professionals

Allied Health workforces bring specialist knowledge and competencies to the delivery of services to AOD clients. In general, scopes of practice involve client assessment followed by planned intervention and client review in accordance with the specific competencies of each practitioner group. For the purposes of this guideline the Allied Health workforce within the AOD sector includes (but is not limited to): Alcohol and Drug Practitioners, Occupational Therapists, Psychologists, Psychotherapists, Social Workers and Counsellors.

Alcohol and Drug Practitioners that are registered with DAPAANZ are considered as meeting the criteria for ‘clinical units’ within the three tier service specification.

¹⁵ Midlands DHB, Addiction Qualification Project Scope, Aug 2010

A 'Multi-Disciplinary' AOD Competent Workforce

A 'multi-disciplinary' AOD competent workforce is key to the AOD sector. Social workers, psychologists, psychotherapists, occupational therapists and other allied health professionals are significant groups that make up the AOD workforce. They have their own respective professional bodies and maintain their respective registrations. There is an increasing number of allied health professionals from a range of disciplines working within the AOD sector that are not registered with DAPAANZ. Some of these belong to professions regulated under the HPCA Act 2003. These professions are: Psychotherapy, Psychology, and Occupational therapy. The social work profession has a self regulated body ie the Social Workers Registration Board.

Registered Practitioners from these allied health professions (refer [Appendix 6](#) and [Appendix 7](#)) who hold an annual practising certificate would meet the criteria with regard to clinical purchase units within the Midland Qualifications framework. Registration with the respective boards/councils normally requires a minimum level 7 qualification as part of the registration criteria.

Registration is the key criteria for 'clinical purchase units' as all of the registrations specified require a qualification and associated competencies. There is a differentiation in terms of the titles utilised in the framework ie Registered AOD practitioners – are those practitioners registered with DAPAANZ or registered nurses registered with DANA who have demonstrated Addiction Specialty Nursing Knowledge and Skills Competency.

Registered Practitioners working in AOD – are those practitioners that have a current practising certificate in nursing or in an allied health profession that is regulated ie psychology, psychotherapy, occupational therapy or social work.

Practitioner is defined as a person engaged in the practice of a profession or occupation, or a person who practices something specified.

These registered allied health practitioners would not be required to have an additional registration with DAPAANZ or to complete a postgraduate AOD qualification. This would be desirable and optional but not essential. However, it is essential that they demonstrate alignment to the following competencies: Let's get real - Real skills and the Addiction Intervention competency framework.

It is acknowledged that the costs of dual credentialing are a key barrier for practitioners working in the AOD sector. Ideally funders and/or providers would cover the associated costs, in recognition of the value of a competent and qualified multi disciplinary AOD workforce.

It is noted that while counsellors are a key part of the allied health workforce in the AOD sector and can register with a professional body New Zealand Association for Counsellors (NZAC), at this stage however only those disciplines/professions with HPCA or self regulation are recommended as clinical purchase units. Therefore, counsellors would be required to complete a postgraduate AOD qualification and hold DAPAANZ registration to meet the clinical purchase unit criteria. This would also apply to other allied health professionals not listed above. (Refer [Appendix 6](#) and [Appendix 7](#))

Recommended AOD Qualification Framework for Clinical Purchase Units

The following framework is recommended to provide clarity in defining requirements for AOD clinical purchase units in the Midland region. The framework is consistent with current best practice and recognition of qualifications and competencies in the sector nationally and feedback from the Midland Regional Network Addictions Forum.

- There are two levels recommended as **clinical purchase units**, Level 3 (A , B and C) and Level 4. They each require a recognised registration to confirm competency.
- Levels 1 and 2 (listed in the second table) are not defined as clinical. i.e. people who interact with service users and who are not subjected to regulatory requirements under legislation or by any other means.

Clinical Purchase Units				
Levels 3 - 4	Title	Requirements to achieve this level	Comments	Clinical Purchase Units
4	Registered Advanced AOD Practitioner	NZQA Level 7 or higher qualification/s as per 3 a-c + Current professional registration/s + Addiction Intervention competency framework; Lets get real - Real Skills + Advanced cultural competence (eg Takarangi competency framework or similar)	Advanced relates to one or more professional registrations; advanced studies and <u>attainment of recognised cultural competencies at an advanced level</u>	Clinical
3A	Registered AOD Practitioner	NZQA Level 7 or higher AOD specific qualification + Current DAPAANZ registration + Addiction competency framework and Lets get real - Real Skills	e.g. Weltech – Bachelors in Alcohol & Drug studies, AUT Addiction Studies Refer to DAPAANZ criteria for registration	Clinical

Clinical Purchase Units				
Levels 3 - 4	Title	Requirements to achieve this level	Comments	Clinical Purchase Units
3B	Registered AOD Practitioner	NZQA Level 7 or higher non AOD specific qualification + Post graduate AOD qualification + Current DAPAANZ + Addiction competency framework and Lets get real - Real Skills	Qualifications NZQA Level 7 in a relevant health or social service discipline e.g. Counselling and a post graduate AOD qualification Refer to DAPAANZ criteria for registration Nurses can refer to the Addiction Specialty Nursing Knowledge and Skills Competency framework.	Clinical
3C	Registered Practitioner Working in AOD	NZQA Level 7 or higher qualification in - medicine, nursing, psychotherapy, psychology, occupational therapy or social work + Registered with HPCA, or self regulated body + Annual Practice Certificate (APC) + Alignment to or evidence of Addiction competency framework and Lets get real - Real Skills	Registered nurses and registered allied health professionals i.e. - psychotherapists, psychologists, occupational therapists or social workers Desirable: AOD postgraduate qualification Optional: DAPAANZ registration	Clinical

12. Cultural Qualifications and Competence

Currently there is no clear recognition which (if any) Māori qualifications which may be accepted as clinical AOD. Given the new qualifications that are emerging in the sector it is important to understand how these relate to clinical AOD. Workforce development in the addiction treatment sector has not addressed all the workforce needs of the Māori workforce nor progressed Māori responsiveness. The inability in the sector to account for cultural expertise has been acknowledged for some time.¹⁶

[Te Rau Matatini](#) and [Matua Raki](#) drew on their involvement in, and knowledge of, developing Māori competency frameworks to develop what was initially known as the focusing on Māori Real Skill and is now called the working with Māori Real Skill.

¹⁶ NDSA, AOD Workforce Development AOD Practitioner Scoping Report, May 2006, pp11

The Midland qualification framework recognises the work undertaken to develop cultural competence and provides for that recognition with reference to Lets get real and Real Skills as essential for all levels as well as recognition of advanced cultural competence at Level 4. The 'Working with Maori' competency and advanced cultural competence can be developed in a number of ways.

Training in the Takarangi competency framework is one of those ways. An increasing number of practitioners throughout the Midland region (and nationally) have undertaken training in the framework. The Takarangi competency framework was designed specifically for the AOD sector but has developed over time to include a broader application eg. Public Health, Whanau Ora providers etc. In the advanced Practitioner Level 4, it is recommended advanced cultural competency will be aligned to a recognised competency framework such as the Takarangi competency framework, or others.

Takarangi Competency Framework

The development of the Takarangi Competency Framework was built on desires expressed at the National Summit held at Manu Arika in 2000, previous work including Tikanga Totika (MoH) and the experience of a number of services and practitioners from around the country. It articulates a fusion of cultural and clinical elements in practice.

Engagement with the Takarangi Competency Framework is voluntary and useful for services which do not have a quality assurance or workforce development tool for addressing work with Māori. For those who are engaged in other competency requirements of their profession (e.g. social workers, nurses etc) or sector (e.g. DAPAANZ) they have found the framework a useful complement to evidence their Māori responsiveness requirements.

Cultural Qualifications

The Midland AOD qualifications framework does not identify any specific kaupapa Maori AOD qualifications that would meet the clinical purchase unit criteria. However the competencies that are included in Real skills are deemed essential for all practitioners working in the AOD sector. The Takarangi competency framework is a framework that could be adopted throughout the region and would provide a clear pathway for practitioners to attain an advanced level of cultural competence over a period of time. Level 4 of the Midland qualifications framework recommends that an advanced level will require demonstration of both advanced clinical and cultural competence.

The Midland qualifications framework allows for relevant kaupapa Maori qualifications that are non AOD specific at various levels of the framework. The addition of an AOD post graduate qualification and DAPAANZ registration or registration with HPCA or a self regulated body is also required.

13. Recommended Midland AOD Qualifications Framework

The table below outlines the qualifications and competencies framework recommended for AOD services in the Midland region. The framework provides guidance on the qualification levels and the three tier service specifications. It specifies the clinical purchase units which includes registered nurses and registered allied health professionals.

There are four distinct levels within the framework. All levels include essential competency requirements: *Let's get real* - Real skills and the Addiction Intervention competencies. Cultural competence is recognised within the set of Real skill competencies. Advanced cultural competence is recognised at Level 4 of the framework. There is also reference to an addiction competency framework specific to addiction nurses, which is aligned to the above frameworks.

Categorising qualifications, competencies and registration criteria into the four distinct levels: (1) - AOD Support workers; (2) - Associate AOD practitioners; (3) - Registered AOD practitioners and Registered Practitioners working in AOD; and (4) - Advanced AOD practitioners; gives guidance to funders for AOD purchase units. Though not definitive, the framework could be utilised as a qualifications pathway for AOD practitioners working in AOD and a guide for Providers to align suitable candidates for specified services and contracts.

Registered practitioners should hold an NZQA level 7 qualification or higher in AOD or a health social service related discipline. NZQA Level 7 refers to a bachelor degree or postgraduate qualification. Distinction can be made between AOD specific qualifications and non AOD specific qualifications.

Clinical Purchase Units

The following categories would meet criteria for clinical purchase units:

- (a) Registered AOD practitioners with an AOD specific NZQA level 7 or higher qualification
- (b) Registered AOD practitioners with a non AOD specific NZQA level 7 or higher qualification and an AOD post graduate qualification
- (c) Practitioners working in AOD who hold an Annual Practising certificate and are registered with one of the following councils/boards: Nursing, or one of the allied health disciplines of Psychotherapy, Psychology, Occupational therapy and Social work.

(Refer [Appendix 6](#) and [Appendix 7](#))

13.1 Midland AOD Qualification Framework

Level	Title	Requirements to achieve the level	Comments	Clinical Purchase Units
4	Registered Advanced AOD Practitioner	NZQA Level 7 or higher qualification/s as per 3 a-c + Current professional registration/s + Competencies re Addiction Intervention competency framework; Lets get real and Real Skills + Advanced cultural competence (eg Takarangi Competency framework or similar)	Advanced relates to one or more professional registrations; advanced studies and <u>attainment of cultural competencies at an advanced level</u>	Clinical
3A	Registered AOD Practitioner	NZQA Level 7 or higher <u>AOD specific</u> qualification + Current DAPAANZ registration + Addiction intervention competency framework and Lets get real - Real Skills	e.g. Weltech – Bachelors in Alcohol & Drug studies, AUT Addiction Studies Refer to DAPAANZ criteria for registration	Clinical
3B	Registered AOD Practitioner	NZQA Level 7 or higher <u>non AOD specific</u> qualification + Post graduate AOD qualification + Current DAPAANZ (or DANA registration for Addiction speciality nurses) + Addiction intervention competency framework and Lets get real - Real Skills	Qualifications NZQA Level 7 in a relevant health or social service discipline and a post graduate AOD qualification Refer to DAPAANZ criteria for registration Nurses refer to the Addiction Specialty Nursing Knowledge and Skills Competency framework	Clinical
3C	Registered Practitioner Working in AOD	NZQA Level 7 or higher non AOD specific qualification + Registered with HPCA; self regulated body (Social Worker Registration Board); + Annual Practice Certificate (APC) + Alignment to or evidence of	Registered-nurses, psychotherapists, psychologists, occupational therapists, social workers Desirable: AOD postgraduate qualification	Clinical

Level	Title	Requirements to achieve the level	Comments	Clinical Purchase Units
		Addiction intervention competency framework, Lets get real - Real Skills	Optional: DAPAANZ registration	
2	AOD Associate Practitioner (DAPAANZ Endorsed)	Undergraduate Diploma Qualification (Level 5, 6) in Addictions or relevant area of study or a level 7 non AOD specific qualification + Current DAPAANZ endorsement + Addiction intervention competency framework and Lets get real - Real Skills	<i>*Note: In exceptional circumstances the Funder and the Service Provider may reach agreement that the associate practitioner will be funded at a clinical rate for a specified period eg. if the practitioner is in the final stages of completing qualifications that meet level 3 criteria, meets competencies criteria and has clinical supervision from a DAPAANZ registered practitioner.</i>	*Non Clinical Purchase Unit
1	AOD Support Worker (DAPAANZ Membership)	Has completed or is completing relevant courses Is working towards a qualification in addictions or other relevant area of study + Current DAPAANZ membership + Working towards Addiction intervention competency framework and Lets get real - Real Skills	Entry level No qualification /or may have partially completed studies.	Non Clinical Purchase Unit

14. Qualification Clause for the Midland AOD Service Specifications

Definition: 'Qualification/registration requirement', for clinical purchase units as used in this clause, means a requirement for specified levels of competence, qualification/registration as per the 'Midland AOD qualification framework' (levels 3 and 4).

▪ **Clause 1.1**

Requirements apply to the clinical purchase units covered by this contract. For all clinical purchase units, the Provider will ensure that it meets the prescribed competence and qualification/registration criteria as per levels 3 or 4.

Note: *Registered AOD Practitioners shall hold a current registration with DAPAANZ; Registered Practitioners working in an AOD service shall hold an APC (annual practising certificate) and be registered with one of the following regulated bodies: the Social Worker Registration Board; the Nursing Council, the Psychology Board, the Psychotherapy Board, or the Occupational Therapy Board.*

▪ **Clause 1.2**

The Provider will demonstrate compliance with the requirements specified in this contract, at each reporting interval (i.e. confirmation of APC / registration details per clinical FTE).

Note: *In special circumstances Planning and Funding and the Service Provider may reach agreement that an endorsed associate practitioner (level 2) will be funded at a clinical rate for a specified period e.g. if the practitioner is in the final stages of completing qualification requirements to meet level 3 criteria, has evidence of competencies as per criteria and receives clinical supervision from a DAPAANZ registered practitioner.*

References

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Practitioner Competencies for Alcohol & Drug Workers in Aotearoa, New Zealand Alcohol and Drug Treatment Workforce Development Advisory Group, September 2001

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WDHB CADS Discussion Paper, cited in AOD Workforce Development, AOD Practitioner Scoping Report, May 2006

www.DAPAANZ.org.nz

www.moh.govt.nz

Appendix 1: HPCA Act 2003

Health Practitioners Competence Assurance Act 2003 (HPCA Act)

Purpose of Act

(1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

(2) This Act seeks to attain its principal purpose by providing, among other things,—

(a) For a consistent accountability regime for all health professions; and

(b) For the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and

(c) For systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and

(d) For power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and

(e) For certain protections for health practitioners who take part in protected quality assurance activities; and

(f) For additional health professions to become subject to this Act.

(Preliminary and Key Provisions, Health Practitioners Competence Assurance Act, 2003)

Appendix 2: DAPAANZ Registration Requirements

These are the draft Requirements for applicants applying for Registration as an Alcohol and Other Drug Practitioner, Associate Practitioner or Support worker.

Applicants with an applied bachelor degree, postgraduate diploma or postgraduate certificate in addiction studies, nursing, psychology, social work, medicine, counselling or similar:

1. Evidence of education qualification
2. Evidence of recognition of learning in the 13 competencies
3. Support from your manager
4. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at registered practitioner level.
5. Evidence of six-months of practice in addiction treatment immediately prior to application
6. Evidence of at least 75 hours client work in the six months prior to application

For Associate Practitioner applicants:

1. Evidence of education and training.
2. Evidence of six months practice, and evidence of ability in assessment and treatment planning.
3. Evidence of recognition of learning in the 13 competencies.
4. Support from your manager.
5. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at an associate practitioner level.

For Support Worker applicants:

1. Evidence of education and training.
2. Support from your manager.
3. An assessment report from your supervisor that acknowledges your proficiency in the 13 competencies and that you are normally working at an AOD support worker level.

Appendix 3: Seven Real Skills

Working with service users

Every person working in a mental health and addiction treatment service utilizes strategies to engage meaningfully and work in partnership with service users, and focuses on service users' strengths to support recovery.

Working with Māori

Every person working in a mental health and addiction treatment service contributes to whanau ora for Māori.

Working with families / whanau

Every person working in a mental health and addiction treatment service encourages and supports families / whanau to participate in the recovery of service users and ensures that families / whanau, including the children of service users, have access to information, education and support.

Working within communities

Every person working in a mental health and addiction treatment service recognises that service users and their families / whanau are part of a wider community.

Challenging stigma and discrimination

Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination, and provides and promotes a valued place for service users.

Law, policy and practice

Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role in a way that supports service users and their families / whanau.

Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.

Appendix 4: Competency Based Courses

[Anamata Diploma in Applied Māori Health Coexisting Disorders Level 6](#)

[Bachelor of Alcohol and Drug Studies \(Weltec\)](#)

[Graduate Diploma in Addictions \(AUT University\)](#)

[PGCert Health Sciences \(Massey University\)](#)

[PGCertHSc and PGDipHSc – Alcohol and Drug Studies \(University of Auckland\)](#)

[PGDip National Addiction Centre](#)

[PGDip Rehabilitation \(Massey University\)](#)

[Te Taketake \(Moana House Training Institute\)](#)

[Working with Pacific Clients \(Moana House Training Institute\)](#)

[www.DAPAANZ.co.nz](#)

Appendix 5: Letter to CEO's 14 May 2007 from Janice Wilson Mental Health Directorate

Re: HPCA Act and its interpretation for Alcohol and Other Drug (AOD) Workforce

Recently, concerns have been portrayed to me by the AOD sector through its professional body, The Drug and Alcohol Practitioners' Association of Aotearoa New Zealand (DAPAANZ). DAPAANZ has a membership equating to close on two-thirds of the AOD treatment sector workforce. These concerns relate to how the Health Practitioner Competency Assurance (HPCA) Act is being interpreted by a number of DHBs.

I believe this an opportune time to outline some of the intentions of the HPCA Act, and to relate them to how the AOD workforce is experiencing these interpretations:

The Act was designed to protect public safety particularly relating to registered health professionals. It was never anticipated all health care workers would be 'registered' as many parts of the workforce work under the guidance and supervision of a registered healthcare worker. Not all existing workers are required to seek registration (they may choose to register).

Some DHBs are interpreting the HPCA to mean that all health care must be provided with direct oversight of a registered health professional.

I acknowledge the clause that relates to restricted activities within the HPCA relates to those with a **serious mental illness**. Within The Ministry we are giving further thought as to how "serious mental illness" needs to be interpreted in this context. However, in the meantime, I encourage you to view AOD staff as professional and competent practitioners in their field of AOD expertise.

By interpreting the HPCA in the manner that some DHBs have, is likely to result in impeding client access to services (due to increased time spent in oversight and monitoring of staff), increase in waiting lists, and reduced job satisfaction for very experienced and competent practitioners. Many of whom have completed a post-graduate qualification in addictions practice.

I encourage you to review how your DHB may be interpreting the HPCA across your workforce, and with a particular focus on your AOD service. We are assured by DAPAANZ that they have a rigorous competency assessment and review process for AOD practitioners (at times the envy of other professional bodies), and a formal complaints process. The competencies include access to ongoing professional development and access to supervision. DHBs and NGOs should acknowledge DAPAANZ as having a role in setting competency guidelines for addictions practitioners. This should provide DHBs with the assurance that their addictions practitioners are working within nationally recognised competency guidelines. It may be helpful for DHBs to review membership of their addictions practitioners to DAPAANZ as a way of ensuring adherence to this competency framework.

The implication of misinterpretation of the act has meant that in some situations highly skilled and competent AOD practitioners are now expected to be supervised by new graduate Registered Nurses, and other AOD practitioners who have been placed on a Mental Health

Community Support Worker – equivalent scale. This has caused many addictions practitioners to question their own ability, skill and value in the workforce with a risk that some of the AOD workforce may choose to opt out of AOD service provision and into other careers. As you will be aware addictions issues are on the rise in our communities and it is important that there is early access to skilled practitioners to ensure these issues are dealt with appropriately.

Additionally, with the Government's focus on Effective Interventions (Mental Health and AOD service requirements for Corrections), we may realistically be faced with the challenge of increasing the number of the AOD workforce in order to meet some of the identified gaps. With concerns of career longevity currently within the AOD workforce (as identified above), it will be difficult to look to add new positions in the near future.

If you have any questions related to this letter or wish to discuss this further please feel free to make contact with Jenny Wolf or Robyn Shearer from the mental health directorate. We appreciate that many DHBs are concerned about risk management issues - however, in this case we feel that this is covered via the work of DAPAANZ and the workforce initiatives we are funding through Matua Raki and other programmes.

I am happy to be contacted in relation to the content of this letter.

Janice Wilson (Dr)

Deputy Director-General

Mental Health Directorate

cc Tim Harding, Chair DAPAANZ

Appendix 6: Practitioners registered with the following boards/councils (holding a current APC) *working in AOD service settings* or AOD Practitioners registered with DAPAANZ are considered as meeting criteria for ‘clinical purchase units’

Professions Regulated Under the HPCA Act 2003	
Profession	Responsible Authority / Refer website for qualifications criteria
Psychology	Psychologists Board www.psychologistsboard.org.nz
Psychotherapy	Psychotherapists Board www.pbanz.org.nz
Nursing	Nursing Council www.nursingcouncil.org.nz
Medicine (Doctors)	Medical Council www.mcnz.org.nz
Self Regulated Profession	
Social Workers	Social Workers Registration Board www.swrb.govt.nz
AOD Professional Body	
AOD Practitioners	DAPAANZ www.dapaanz.co.nz

Appendix 7: Midland AOD Clinical Qualifications Grid

Criteria	Allied Health Professionals						Nurses
	DAPAANZ		HPCA Regulated			Self Regulated	HPCA Regulated
	Registered AOD Practitioner		Registered Practitioners working in AOD				
	AOD	Counselling	Psychology	Psychotherapy	Occupational Therapy	Social Worker	Nursing
DAPAANZ Registration Essential	✓	✓					
DAPAANZ Registration Optional			✓	✓	✓	✓	✓
Lets get real – 7 Real skills	✓	✓	✓	✓	✓	✓	✓
Alignment to Addiction Intervention competency framework	✓	✓	✓	✓	✓	✓	✓
Addiction Nursing competency framework Desirable							✓
Essential AOD Post Grad Qual - Desirable	* Essential if the level 7 qualification is Non AoD Specific	✓					
Desirable AOD Post Grad Qual			✓	✓	✓	✓	✓
Holds AOD qualification level 7 or higher	✓						
Social work degree level 7 or higher						HPCA ✓ Regulate	
Social work Registration Board						✓	

Criteria	Allied Health Professionals						Nurses
	DAPAANZ		HPCA Regulated			Self Regulated	HPCA Regulated
	Registered AOD Practitioner		Registered Practitioners working in AOD				
	AOD	Counselling	Psychology	Psycho-therapy	Occupational Therapy	Social Worker	Nursing
Counselling degree level 7 or higher		✓	✓				
Registered with NZAC - Optional		✓					
Nursing Degree level 7 or higher							✓
Registered with Nursing Council							Level 7 or higher ✓
Registered with Psychology Board			higher ✓				
Psychology Degree level 7 or higher			higher ✓				
Registered with Psycho-therapist Board				higher ✓			
Psycho-therapy Degree level 7 or higher				higher ✓			
Registered with Occupational Therapy Board					higher ✓		
Occupational Therapy Degree level 7 or higher					higher ✓		